TFW 2188

TRANSMITTAL FORM			Application No.	10/055,205							
			Filing Date	November 9, 2001							
(to be used for all correspondence after initial filing)			First Named Inventor	Joe Freeman Britt							
			Art Unit	2188							
			Examiner Name	Inoa, Midys							
Total Number of Pages in This Submission 21			Attorney Docket Number	4676P012							
ENCLOSURES (check all that apply)											
Fee Transmittal	Form	Drawing(s)		After Allowance Communication to TC							
Fee Attac	ched	Licensing-r	elated Papers	Appeal Communication to Board of Appeals and Interferences							
Amendment / Ro	esponse	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
After Final Affidavits/declaration(s)		Petition to C Provisional	Convert a Application	Proprietary Information							
Extension of Time Request		Power of A	ttorney, Revocation Correspondence Address	Status Letter							
Express Abandonment Request		Terminal Disclaimer		Other Enclosure(s) (please identify below):							
Information Disclosure Statement		Request for Refund		Return postcard							
PTO/SB/0	08	CD, Number of CD(s)									
Certified Copy of Priority Document(s)		Landso	cape Table on CD								
Response to Mis	ssing Parts/ lication	Remarks									
Basic Filing Fee			」 .								
Declaration/POA Response to Missing											
Parts und 1.52 or 1.	e to Missing ler 37 CFR 53										
	SIGNATURE	OF APPLICAN	IT, ATTORNEY, OR AG	ENT							
Firm	Thomas C. Web	ster, Reg. No.	46,154								
Individual name	or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP										
Signature											
Date 5/2/06											
CERTIFICATE OF MAILING/TRANSMISSION											
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.											
Typed or printed na	me Carla Vignol	a /									
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Application No.

10/053,205

### Complete if Known Application Number 10/05/3, 205 Filing Date November 9, 2001 Filing D												
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METHOD OF PAYMENT (check all that apply) □ Check □ Credit card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 02-2666 □ Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except fee fee(s)	Applicant clair	ms small entity status. S	See 37 CFR 1.27.				lidys					
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Date

Signature